

VIRGINIA HIV PREVENTION EVALUATION SYSTEM
❖ Participant Session/Encounter Form (ILI, PCM, ISO) ❖
PEMS-Compliant Version 2.0 – Table H

PEMS ID _____
 (will be generated by PEMS)

H01. Intervention Code & Name:

Participant Identifier: _____

H05. Session number: _____ **H06, H07, H08.** Date of session ____/____/____
 Month Day Year

H10. Site: _____ **H11.** Length of session: _____

H20. Activities or components of the intervention that occurred today (check all that apply)

<input type="checkbox"/> HIV Testing <input type="checkbox"/> Referral <input type="checkbox"/> Personalized risk assessment <input type="checkbox"/> Elicit partners <input type="checkbox"/> Notification of exposure Information <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Demonstration <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other Practice <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other	Discussion <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Other testing <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis Distribution <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other Other <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> HIV Testing history survey <input type="checkbox"/> Other (specify) _____
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H01. Intervention Code & Name:

H22. Unit of Delivery for this session:

- ☐ Individual
- ☐ Couple
- ☐ Small Group
- ☐ Large Group
- ☐ Community

H23. Delivery Method for this session:

- ☐ In person
- ☐ Internet
- ☐ Printed Materials – magazines, newspapers
- ☐ Printed Materials – pamphlets, brochures
- ☐ Printed Materials – posters, billboards
- ☐ Radio
- ☐ Telephone
- ☐ Television
- ☐ Video
- ☐ Other, specify _____